

Director's Corner

Bart Pickelman, CIH, Director



As we enter the new year, it's an opportunity to renew our commitment to bolstering workplace safety and health to help ensure the protections of every working Michigander. At the same time, it's an opportune moment to look in the rearview mirror and acknowledge the challenges and triumphs of 2021.

Collectively, employers, workers and MIOSHA continued to work together in 2021 to address the ongoing COVID-19 pandemic. Even in a time of adversity, the workplace safety and health community came together to support the well-being of Michigan's hardworking men and women and businesses. Here's how:

- Since the launch of MIOSHA's no-cost **Ambassador Program**, which assists at-risk establishments open to the public with COVID-19 workplace safety requirements, 5,500 businesses have benefitted from continued education and consultations.
- Utilizing over \$8 million in CARES Act funds, MIOSHA awarded **more than 1,500 small employers up to \$10,000 in matching grants** to purchase equipment and materials to protect employees from COVID-19. With employer matches, this resulted in a total investment of over \$18 million in COVID-19 worker protections.
- MIOSHA continued to operate its **COVID-19 hotline** to address employer and employee coronavirus concerns. Since its inception, the hotline has handled more than 17,000 calls.
- MIOSHA continued to devote significant resources to **mitigate the spread of COVID-19**, including responding to nearly 17,000 complaints and referrals regarding COVID-19 workplace hazards, a 250% increase from pre-pandemic years.

- MIOSHA continued to offer the **MIWISH matching grants** to employers to purchase safety and health-related equipment and corresponding training with the goal of creating safer, healthier work environments and reducing workers' risk of injury and illness. Including the employers' matching funds, a total of \$345,735 was invested in the protection of Michigan workers.
- MIOSHA annually awards **Consultation Education and Training grants to nonprofit groups** to enhance safety and health training and support worker safety and health across the state. In FY 2021, 19 grants were awarded, totaling \$811,023.

I thank all our partners for the work they do to support the safety and health of Michigan workers and on behalf of MIOSHA, we look forward serving you in 2022 and working collaboratively to better prevent and control workplace hazards.

MIOSHA's Best Kept Secret — The Onsite Consultation Program

Reo Rrodriguez, Safety Supervisor, Consultation Education and Training (CET) Division, Onsite Consultation
Eric Zaban, Industrial Hygienist Supervisor, CET Division, Onsite Consultation

What if you could work with MIOSHA to improve your workplace's safety and health *before* something bad happens? And what if we told you that you could get assistance **for free with no citations or penalties?**

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MIOSHA's Best Kept Secret — The Onsite Consultation Program *(continued)*

Reo Rrodriguez, Safety Supervisor, Consultation Education and Training (CET) Division, Onsite Consultation
Eric Zaban, Industrial Hygienist Supervisor, CET Division, Onsite Consultation

If you're thinking this is too good to be true, you're likely one of many employers who are surprised to find they can work with MIOSHA in a non-enforcement capacity. In fact, smaller, high-hazard businesses can take advantage of our on-site consultation services to get expert help in identifying workplace hazards, improving safety and health programs and more.

A little history: the Federal OSHA Compliance Assistance Authorization Act of 1998 authorizes OSHA to provide funding to states to assist employers in maintaining safe and healthful places of employment. This funding allows state agencies or universities to staff onsite consultation programs that provide services separate from enforcement.

In Michigan, MIOSHA's Consultation Education and Training (CET) Division has maintained a long-standing agreement with Federal OSHA to administer the state's Onsite Consultation Program — which is operated completely independent of the agency's enforcement program. This enables on-site consultants to work with employers to identify workplace hazards, provide advice for compliance with MIOSHA standards and assist in establishing and improving safety and health programs.

Knowledge of workplace hazards and ways to eliminate them can improve your company's operations, leading to fewer accidents, lower injury and illness rates, decreased workers' compensation costs and improved compliance with MIOSHA standards.



CET on-site consultants offer valuable services through various types of visits:

- **Initial Visit:** Conducts a hazard assessment, which includes an opening conference, an examination of all aspects of the safety and health management system (SHMS) relating to the scope of the visit, a walkthrough of the workplace and a closing conference.
- **Training and Education (T&E) Visits:** Provides information or training to employers and their employees in hazard identification and correction, or in safety and health program development in relationship to the initial visit.
- **Follow-up Visit:** Verifies the correction of previously identified hazards and/or the implementation of a SHMS; provides industrial hygiene sampling for health hazards that were evaluated during an initial consultation visit; or verifies the employer's progress in meeting SHMS goals. All aspects of the follow-up visit are in relationship to the original initial visit.
- **Compliance Assistance:** Provides consultation assistance away from an employer's worksite. This includes technical advice provided through telephone conversations, written correspondence (including email), presentations to stakeholders, off-site technical training, and marketing of services to employers.

We are here to help you make the right and safe decision for your business and workers. Request a CET onsite hazard survey today by calling **517-284-7720** or visiting our [website](#).

MIOSHA Training Institute — Student Spotlight: Becki Bushong

Tanya Baker, Communications Specialist, CET Division

Becki Bushong, MTI Graduate and Learning Resource Manager, Delta College Business and Technology Division

The MIOSHA Training Institute (MTI) is an innovative and collaborative program that provides affordable occupational safety and health training to employers across the state. As of Sept. 30, 2021, more than 32,650 participants have taken an MTI course, ensuring that more companies are achieving compliance with MIOSHA standards and advancing their workplace safety and health. Beyond these workplace benefits, some MTI graduates have even earned promotions and job offers because of their completion of certificate programs.

Becki Bushong, one of 1,802 MTI graduates who benefitted from the program, is the **first woman to obtain all six MTI certificates**. We asked Becki to tell us a bit about her MTI experience and how MTI can help you take your career and workplace safety and health to new heights.

My name is Becki Bushong and I am the Learning Resource Manager for the Business and Technology Division at Delta College, where I have worked since October of 2010. I earned all six MIOSHA certifications from 2013 – 2015 (Level One and Two — Safety and Health General Industry, Level One and Two — Safety and Health Construction, Level Two Safety and Health Management Systems and Occupational Health). It is an honor to learn I was the first woman to earn all six certifications.



Earning all six MIOSHA certifications has improved my knowledge and has increased my passion for safety and health in the workplace. I was grateful to take advantage of the MTI scholarships and professional development assistance through my employer, Delta College, where my supervisor supported and encouraged the opportunity for training.

“Being in an MTI class means that you are part of a cross-functional team learning more skills during the training, and to me, that is what makes the MTI classes so rewarding.”

Taking classes with instructors from MIOSHA and connecting with other employees who share the same passion was invaluable. One of the benefits of these classes is talking with other employees or employers and coming up with solutions to issues we might have in our workplace. Another benefit is meeting the MIOSHA instructors, who are willing to answer any questions during class or in the future. Being in an MTI class means that you are part of a cross-functional team learning more skills during the training, and to me, that is what makes the MTI classes so rewarding.

My prior manufacturing experience as an industrial engineer and then a production supervisor started my interest in the safety field. When I transitioned to a new career, I continued in a safety role, and I was fortunate enough to find the opportunity for continued training. MIOSHA provided an excellent experience for me that was affordable and had times and locations that fit my needs and the needs of my employer. After I achieved my MIOSHA certifications, I went on to become an OSHA Authorized Trainer. In October 2019, I earned a Master of Science in Occupational Safety and Health from Columbia Southern University. Had I not started with the MIOSHA certifications, I would have never gone on to complete a master's degree in a field for which I am so passionate.

MVPP Best Practices: Marathon Petroleum Detroit Refinery — Motor City Moment

Eric Sponaugle, Marathon Petroleum Detroit Refinery



At the Marathon Petroleum Detroit Refinery, we are always looking for ways to utilize technology to overcome obstacles in the Safety and Health world. Of those obstacles, we recently looked at how we can further engage our workforce with safety communications.

After learning that our mix of safety bulletins, PowerPoint slide shows and *The Weekly Safety Advisor* printed newspaper were not reaching or engaging employees, a solution came in the form of an observation by one of our supervisors who noticed that every morning before their pre-shift safety meeting, almost everyone was on their

smartphones. That individual thought that since everyone had their phones, we could use that medium to share relevant safety information. And so, the *Motor City Moment* was born.

What is the Motor City Moment?

Every Monday, a short video (approximately one minute) is released to discuss current topics in safety that are affecting our workforce. The videos are all different and include members of our hourly, salaried and contractor workforce.

What Topics are Discussed?

Any safety related topic that is currently affecting our employees can be discussed. These can stem from recent audit trends, weather conditions, safety incidents or just general observations from our safety department and workforce. Recent topics have included: PPE needed for upcoming winter weather, identifying the line of fire/pinch points, glove selection and use, high-risk work going on around the plant, housekeeping and fall protection.

How Does the Video Get Sent Out?

In the weekly printed newspaper, *The Weekly Safety Advisor*, a QR code is printed on the front page. From there, each employee can scan the QR code, which takes them directly to the video hosting website that can be accessed by any cell phone.

Have These Videos Been Effective?

The short answer is, yes! During our pre-shift safety meetings, employees and contractors can be seen watching the video. Anytime we can roll out a new method of communicating safety topics that will engage more people than before it is a win!

Significant Case Study — Struck-by Incident

Eric Allen, Manager, Construction Safety and Health Division (CHSD)



The Incident

On May 23, 2018, an employee was killed after being struck by an asphalt dump truck on a road construction project. The road was closed to motorists while the asphalt paving operation was active. Several asphalt dump trucks were queued along the side of the road, waiting to fill the asphalt paving machine as it progressed. A technician was tasked with performing temperature and density checks on the freshly paved asphalt.

When more asphalt was needed, the operator of the asphalt dump truck disconnected the pup trailer and began traveling in reverse down the asphalt side of the road. While traversing down the long stretch of road, the driver of the asphalt dump truck used mirrors to operate in reverse with an audible

signal alarm (back-up alarm). The technician employee entered into a blind spot of the truck and began performing tasks positioned/faced away from the oncoming truck. The technician was struck by the truck and died from sustained injuries. The investigation could not confirm if the technician was using the earbuds/headphones that were found in his possession at the time of the incident.

MIOSHA Enforcement

MIOSHA's Construction Safety and Health Division (CSHD) did not issue citations to any of the four companies involved in this multi-employer worksite inspection related to this fatal incident.

MIOSHA Construction Safety and Health Standard, [Part 13. Mobile Equipment](#), Rule 1926.601(b)(4) states:

(4) No employer shall use any motor vehicle equipment having an obstructed view to the rear unless:

(i) The vehicle has a reverse signal alarm audible above the surrounding noise level or:

(ii) The vehicle is backed up only when an observer signals that it is safe to do so.

Due to the size and configuration of construction related equipment, obstructions commonly occur and do not provide the operator with a full range of visibility. Built-in and aftermarket cameras on vehicles/equipment have become more common and provide the operator with better viewpoint(s). Most cameras have obstruction sensors that produce an audible beep/back-up alarm at faster rates as the obstacle(s) are approached, culminating with a constant audible noise for the operator.

Employers engaged in construction, maintenance, or surveying activities on or near a roadway are required to follow Part 6 of the 2011 [Michigan Manual of Uniform Traffic Control Devices](#) (MMUTCD) {Reference MIOASHA Construction Safety and Health Standard, [Part 22. Signals, Signs, Tags, and Barricades](#), Rule 408.42223(1)}.

Key Takeaways

MIOSHA reminds employers and employees to be aware of their surroundings. Construction sites typically have several noises occurring simultaneously. Employers are required to provide instruction to each employee in the recognition and avoidance of hazards and the regulations applicable to his or her work environment to control or eliminate any hazards or other exposure to illness or injury {Reference MIOASHA Construction Safety and Health Standard, [Part 1. General Rules](#), Rule 408.40114(2)}. For more information related to employee(s) wearing earbuds/headphones, please reference this [OSHA Standard Interpretation: Use of Music Headphones on Construction Sites](#).

MIOSHA encourages employers to go above and beyond the MIOASHA standards, which are minimum requirements. MIOASHA's Consultation Education and Training (CET) Division provides onsite consultation, hazard surveys and training to employers. If you are interested in free assistance, complete the [MIOSHA CET Request for Consultative Assistance](#).

High-hazard Industry — COVID-19 and Healthcare

Matthew Macomber, Industrial Hygiene Specialist, General Industry Safety and Health Division (GISHD)

Hospitals (NAICS 622) and Nursing and Residential Care Facilities (NAICS 623) are two of the eight high-hazard industries in [MIOSHA's current strategic plan](#). They have been included in several strategic plans since 2009.

The reason that hospitals and nursing and residential care facilities remain MIOSHA priorities is because of their high injury and illness rates. COVID-19 has added significantly to those high rates. At the time of writing this, the United States recorded the deaths of 3,507 healthcare workers (KFF and The Guardian, 2021). By comparison, in 2019, the United States recorded the deaths of 94 healthcare workers (U.S. Bureau of Labor Statistics, 2021).

Background

COVID-19 (SARS-CoV2-2019) struck in late 2019 with the first cases recorded in the U.S. in January 2020. Cases rose quickly, with the spring outbreak peaking around April 1, 2020, at 1,670 new cases per day (Johns Hopkins University of Medicine, 2021). The first healthcare workers died from COVID-19 in late March (KHN and the Guardian, 2021). People with very little experience in airborne isolation techniques or wearing respiratory protection had to learn how to properly use this equipment. Nationally and globally, individuals, organizations, governments, and other constituencies were looking for ways to address safety needs and shortages in personal protective equipment. When supplies dwindled, in anticipation of problems, the U.S. Centers for Disease Control issued Optimizing Personal Protective Equipment (PPE) (CDC, 2020). As the pandemic continued, facilities ran out of critical equipment: Intensive Care Unit beds, supplies, physical space for patients, and staff were all depleted. Employees were working long hours with very little rest between shifts. Hospitals and facilities had to modify existing space to accommodate patients with a disease that was primarily spread through airborne exposure. Hospitals and facilities caring for COVID-19 patients modified existing building ventilation system. Where possible, portable ventilation was used to isolate treatment areas with negative pressure ventilation to reduce the transmission of the virus.

Hospitals and nursing and residential care facilities were not the only industries affected though, nor the only industry attempting to address the need for safety. Home health care aides, emergency medical personnel, and first responders were among several other professions taking care of very ill patients with a virus nobody had experience working with. Supply chain staff delivering supplies now had to wear the same personal protective equipment that direct care staff used. Housekeepers and dietary staff, nurses' aides, environmental staff, and maintenance staff were also exposed in areas where COVID-19 patients were being treated. PPE shortages led to staff reusing equipment that was normally disposed and wearing respirators from other countries that were not approved for use in the U.S.

A COVID-19 fatality investigation conducted by MIOSHA in early 2020 exemplifies the extent of the crisis. A nurse was caring for a patient with non-specific symptoms including shortness of breath, difficulty breathing, and chest pain. The patient was admitted as a cardiac patient. During the spring, COVID-19 testing was spotty, and this patient tested positive eight days after being admitted to the hospital. During the intervening period, nursing staff did not use airborne precautions. One of the nurses on the unit started exhibiting symptoms of infection, developed full-blown illness, left work and died less than two weeks later.

Since the spring of 2020, there have been some hard lessons learned that led to better treatment outcomes. Experience with COVID-19 has led facilities to become much better at isolating the virus in spaces through better ventilation schemes and using equipment to make better isolation possible for more patients. The same facilities became experts in maximizing the supply and prioritizing the use of personal protective equipment. One facility, for example, did 46 fit tests in 2019 and more than 600 in 2020.

This virus has affected every aspect of care and treatment from infection control for paramedics and emergency medical technicians to isolation and decontamination of staff and residents in long-term care. Every hospital department has been affected. Supply chains have been disrupted and rebuilt. Job descriptions have been expanded and those who were never included in infection control policies were suddenly part of the team to slow the spread of COVID-19. The peaks of April 2020 were just a prelude to the outbreaks in the fall and winter of 2020.

Continued on next page

High-hazard Industry — COVID-19 and Healthcare (*continued*)

Matthew Macomber, Industrial Hygiene Specialist, GISHD

The [2020 occupational injury and illness statistics for Michigan](#) were recently released by the U.S. Bureau of Labor Statistics (refer to table below). From 2019 to 2020, the overall rate for Michigan increased from 2.9 cases to 3.3 cases per 100 workers per year. This snapped a nine-year unbroken record of successive annual decreases. The increase in 2020 appears to be driven by the COVID-19 pandemic, which pushed up rates sharply in the healthcare industry. In hospitals, the rate skyrocketed from 6.1 in 2019 to 13.4 in 2020. In nursing homes and residential care facilities, the rate jumped from 5.8 in 2019 to 12.4 in 2020. In contrast, in most of the other high-hazard industries targeted by MIOSHA, which are in the manufacturing sector, the rates continued to decline.

Industry	Injury and Illness Rate (Total Recordable Cases, per 100 Workers per Year)		2020 Compared to 2019
	2019	2020	
All Industries in Michigan	2.9	3.3	↑
Construction (NAICS 23)	1.9	1.7	↓
Wood Product Mfg. (321)	4.8	7.4	↑
Primary Metal Mfg. (331)	5.6	3.7	↓
Fabricated Metal Product Mfg. (332)	4.3	3.6	↓
Machinery Mfg. (333)	3.4	2.5	↓
Transportation Equipment Mfg. (336)	3.7	3.3	↓
Support Activities for Transportation (488)	3.2	2.7	↓
Hospitals (622)	6.1	13.4	↑
Nursing and Residential Care Facilities (623)	5.8	12.4	↑
<i>Note: The BLS rates are derived from a sample survey of employers.</i>			

As the pandemic continues, we must be vigilant and nimble to stay ahead of the disease and support our employers in our efforts to protect the health and safety of Michigan workers. We must harness the tools we have like the hierarchy of controls. Thus, first, we need to employ our expertise in engineering controls and ventilation to isolate the virus in space or time. Then, administrative controls are used to reduce risk of exposure or severity of disease using strategies such as vaccination, worker screening for symptoms, remote work, and quarantine or isolation for the closely exposed or symptomatic employees. PPE and PPE strategies that maximize the effectiveness of what is available are a last but necessary option to protect employees from exposure to the virus because none of the previous measures are totally effective by themselves.

With guidance from the CDC and OSHA, MIOSHA has acted to make sure that employees in Michigan are protected from this virus to the greatest extent possible. The regulatory landscape for COVID-19 is continually changing. Visit the MIOSHA website for the latest updates. We have worked long hours against steep odds, and we are hopeful that in time, we will be able to look back with pride on the facilities and workers we have helped keep safe and in good health.

References

- Johns Hopkins University of Medicine. *Data in Motion*. Johns Hopkins Coronavirus Resource Center. Retrieved April 7, 2021, from <https://coronavirus.jhu.edu/>
- KHN and The Guardian. *Lost on the Frontline: Explore the Database*. Kaiser Family Foundation. Retrieved April 7, 2021, from <https://khn.org/news/lost-on-the-frontline-explore-the-database/>
- U.S. Centers for Disease Control and Prevention (CDC). *Optimizing Personal Protective Equipment (PPE) Supplies*. Retrieved April 7, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Injury and Illness Reporting Reminder

Tanya Baker, Communications Specialist, CET Division

MIOSHA is reminding Michigan employers they are required to post the total number of job-related injuries and illnesses that occurred in 2021. The information gathered from these logs greatly benefits employers, workers and MIOSHA in evaluating the safety of a workplace and making the necessary changes to eliminate hazards.

[MIOSHA requires most Michigan employers with 11 or more employees](#) to log and maintain these records and make sure they are available in the event of an investigation.

These records include:

- [MIOSHA Form 300](#) (Log of Work-Related Injuries and Illnesses)
- [MIOSHA Form 301](#) (Injury and Illness Incident Report)
- [MIOSHA Form 300A](#) (Summary of Work-Related Injuries and Illnesses)

In accordance with this requirement, employers must post the MIOSHA Form 300A in their establishments from Feb. 1 to April 30, 2022.

Any employer with 250 or more employees, in industries that are required to maintain injury and illness logs, and employers in a [select group of industries](#) with 20 to 249 employees, must electronically submit MIOSHA Form 300A data to federal OSHA between now and March 2, 2022. For questions on OSHA electronic tracking, please visit [OSHA's website](#).

Additional recordkeeping information, including general guidelines, forms and FAQs, are available on the MIOSHA website at www.michigan.gov/recordkeeping.

Partnerships, Alliances and Awards

Tanya Baker, Communications Specialist, CET Division



HUMANETICS

MIOSHA Awards Humanetics for Exemplary Safety and Health Commitment to Employees

MIOSHA presented its Consultation, Education and Training (CET) Silver Award for maintaining an exemplary safety and health record with no lost time accidents, while demonstrating a strong commitment to a culture of safety over the past year to The Humanetics Group facility in Farmington Hills, MI. Humanetics is best known around the world as the pioneer of the iconic crash test dummies. Read the [full press release](#) to learn more about Humanetics' outstanding safety and health record.

Black & Veatch Recognized Among 'Best of the Best' in Michigan Workplace Safety, Health



BLACK & VEATCH

MIOSHA awarded Black & Veatch the Michigan Voluntary Protection Program in Construction (MVPPC) STAR Award — the agency's highest honor involving workplace safety. Black & Veatch is an employee-owned global engineering, procurement, consulting and construction company. Read the company's [full press release](#) to learn more about their commitment to workplace safety.

Standards Update

Shannon Matsumoto, Manager, Standards and FOIA Section, Technical Services Division (TSD)

Standards Completed

GI & CS Part 505. Coronavirus Disease 2019 (COVID-19) For Healthcare

Effective September 16, 2021

Standards in Progress

GI Part 74. Firefighting

The current rules are being revised to adopt by reference National Fire Protection Association (NFPA) standard 1403 establishing requirements for live fire training.

Due to other legislation the Michigan Occupational Safety and Health Act, Act 154 of 1974 was amended to require the Director of Labor and Economic Opportunity to promulgate rules regarding a firefighter's use of firefighting foam concentrate containing a perfluoroalkyl or polyfluoroalkyl substance (PFAS).

Watch the [MIOSHA standards web page](#) for final versions once they are promulgated and in effect.



Mission:

To Protect the Safety and Health of Michigan Workers.

The MIOSHA News is a publication of the MIOSHA program.

Its purpose is to educate Michigan employers and employees about workplace safety and health. We encourage reprinting.

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LEO is an equal opportunity employer/program.